

Patricia Booker  
National Stage Processing  
Patent Specialist  
(703) 305-5738

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>10/088097</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2		/		/			52		
3		/		/			53		
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46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1				TOTAL IND.		
TOTAL DEP.	14		7				TOTAL DEP.		
TOTAL CLAIMS	15		8				TOTAL CLAIMS		